

Case Number:	CM13-0024129		
Date Assigned:	11/20/2013	Date of Injury:	10/12/2000
Decision Date:	01/02/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management and is licensed to practice in Oklahoma and Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 39-year-old female who reported an injury on 12/04/2000, after developing pain in her hand while performing normal job duties and dropping a coffee pot. The patient was treated surgically for carpal tunnel syndrome. The patient subsequently developed reflex sympathetic dystrophy. The patient was treated with multiple blocks and steroid injections. The patient continued to have chronic pain limiting her activities. Physical findings of the right upper extremity included decreased sensation over the entire right upper extremity. The patient's treatment plan was to continue medication management. The patient was treated with medications to include topical gabapentin, Topamax 100 mg 3 pills every night, OxyContin 80 mg 2 to 3 times a day, a Flector patch 1.3% 1 twice a day, trazodone 50 mg 2 before bed, and flexeril 10 mg 1 to 2 twice a day. It was noted that the patient did report functional pain control with the current medication schedule.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Oxycontin 80mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: The clinical documentation submitted for review does indicate that the patient reports functional pain control with the patient's current medication usage. California Medical Treatment Utilization Schedule (MTUS) recommends the continued use of opioids in the management of chronic pain be supported by documentation of objective pain relief, assessment of side effects, objective evidence of functional benefit, and monitoring of compliance to the prescribed medication schedule. The clinical documentation submitted for review does not provide evidence that the patient's pain relief has been objectively assessed. Additionally, there is no documentation of significant functional benefit as a result of the patient's medication usage. Also, there is no recent evidence of monitoring of compliance to the patient's prescribed medication schedule. Therefore, the continued use of OxyContin is not supported. The request for Oxycontin 80mg #150 is not medically necessary and appropriate.